

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKWOOD NURSING CENTER, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>332 RIVER ROAD DECATUR, TN 37322</b>
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K 021 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor fire doors closed to a positive latch. (NFPA 101, 19-3.6.3.)</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director, on October 14, 2013 at 2:25 p.m. confirmed the corridor fire door by room 204 failed to close to a positive latch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 14, 2013.</p>	K 021	<p><b>K 021</b></p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>The fire door was repaired on October 16, 2013.</p> <p>All fire doors were checked by the Maintenance Director on October 16, 2013 to ensure the fire doors had a positive latch.</p> <p>Maintenance Director will monitor the fire doors to ensure that the doors have a positive latch weekly for three months. The Administrator will monitor the fire doors for a positive latch monthly for three months.</p> <p>The Maintenance Director will report result of the audit to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), monthly for 3 months for further review or corrective action if indicated.</p>	
K 029	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p>	K 029		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 029  
SS=E

Continued From page 1

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:  
Based on observation and interview, the facility failed to ensure the building's fire rated construction is maintained.

The findings include:

Observation and interview with the Maintenance Director, on October 14, 2013 between 10:15 am and 2:45 p.m. confirmed the following:

1. Damaged sheetrock in ceiling of dryer room around dryer duct.
2. Damaged sheetrock in ceiling of sprinkler riser room and non-approved fire stop material used (sheetrock mud) for penetrations.
3. Damaged 4' X 8" piece of sheetrock in kitchen ceiling.
4. The attic headwall joint, by access opening by rooms 104 and 202, was not sealed. The wall was labeled as 1-hour firewall and was only sheet rocked on one side by room 104 access.

These findings were verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.

K 029

K 029

**NFPA 101 LIFE SAFETY CODE STANDARD**

The damaged sheetrock in the dryer room was repaired on October 29, 2013.

The damaged sheetrock in the ceiling of the sprinkler riser room was repaired on October 29, 2013. The fire stop was applied on October 30, 2013.

The 4 X 8 piece of sheetrock in the kitchen ceiling was repaired on October 22, 2013.

The attic headwall joint will be repaired by November 15, 2013, along with the firewall rating verified ensure proper documentation for the wall.

The Maintenance Director will monitor and repair any damage sheetrock in the facility and report the finding the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), monthly for 3 months for further review or corrective action if indicated.

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K 045 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure outside egress paths were provided with egress lighting to the public way. The findings include: Observation and interview with the Maintenance Director, on October 14, 2013 at 10:45 a.m. confirmed the outside lights at the exits from the front sidewalk, sunroom exit, rear physical therapy exit sidewalk to the parking lot area were not provided with egress lighting (must be on emergency power). This finding was verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.</p>	K 045	<p><b>K 045</b></p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>The outside lights at the exits from the front sidewalk, sunroom exit, rear physical therapy exit sidewalk to the parking lot area will have lights connected to the emergency power for egress. This must be complete by an outside vendor and the completion date will be November 26, 2013.</p> <p>The Maintenance Director will report the completion to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.</p>	
K 052 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p>	K 052		

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K 052	Continued From page 3  This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide a smoke detector in the location of each fire alarm control unit(s) when located in areas that are not continuously occupied (NFPA 72, 1-5.6.) or a strobe in the Handicap accessible bathroom. The findings include: 1. Observation and interview with the Maintenance Director, on October 14, 2013 at 2:45 p.m., confirmed the main Fire Alarm Control Panel (FACP) was located in the sprinkler room that was not provided with a smoke detector. 2. 1. Observation and interview with the Maintenance Director, on October 14, 2013 at 2:35 p.m., confirmed the handicap accessible bathroom was not provided with a visual notification appliance (strobe).  These findings were verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.	K 052	<b>K052</b>  <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  The smoke detector will be installed by an outside vendor. The completion date is November 25, 2013.  The visual notification appliance (strobe light) will be installed in the handicap accessible bathroom. The completion date is November 25, 2013.  The Maintenance Director will report the completion to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.	
K 067 SS=F	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067		

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K 067	Continued From page 4 This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation and interview, interview and record review, it was determined the facility failed to ensure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the maintenance director on October 14, 2013 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers. This finding was verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.	K 067	<b>K 067</b>  <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  The four year required maintenance to the fire dampers will be completed by November 29, 2013  The Maintenance Director will report the completion to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.		
K 069 SS=E	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: NFPA 96, 8-2* An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons. Based on observation and interview, it was determined the facility failed to ensure the kitchen hood suppression system was serviced semi-annually. The findings include: Record review and interview with the	K 069	<b>K 069</b>  <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Upon review by the Maintenance Director and confirm by the outside contractor the inspection of the kitchen hood suppression system was done in a timely matter. The inspection was completed on May 14, 2013. The next inspection will be conducted by November 15, 2013.		

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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: 198X21      Facility ID: TN6101      If continuation sheet Page 6 of 7

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K 144	Continued From page 6 Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.	K 144	Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.	